



PATENT  
Attorney Docket No. BKE-011 (7991/13)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S): Kranz et al. CONFIRMATION NO.: 4777  
SERIAL NO.: 10/848,824 GROUP NO.: 2873  
FILING DATE: May 19, 2004 EXAMINER: Not yet assigned  
TITLE: HEAD MOUNTED EYE TRACKING AND DISPLAY SYSTEM

**RESPONSE TO NOTICE TO FILE MISSING PARTS**

Mail Stop Missing Parts  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Notice to File Missing Parts dated July 21, 2004, enclosed are a copy of the executed Declaration and Power of Attorney and a check in the amount of \$1,624.00, for filing in the above-referenced application.

The check in the amount of \$1,624.00 is for payment of the basic filing fee of \$790.00 for a Large Entity, additional claim fees in the amount of \$594.00, the late oath or declaration surcharge of \$130.00, and \$110.00 for a one-month extension of time, all in compliance with 37 C.F.R. 1.16(e).

Applicants believe that no other fee is required. However, should any additional fee be required, please charge Deposit Account No. 20-0531 for any such fee.

Respectfully submitted,

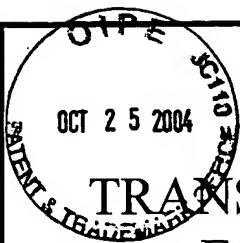


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Date: October 21, 2004  
Reg. No. 35,393

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**TRANSMITTAL  
FORM**

|                           |                  |
|---------------------------|------------------|
| Application Serial Number | 10/848,824       |
| Filing Date               | May 19, 2004     |
| First Named Inventor      | Kranz            |
| Group Art Unit            | 2873             |
| Examiner Name             | Not yet assigned |
| Attorney Docket No.       | BKE-011          |
| Patent No.                | Not applicable   |
| Issue Date                | Not applicable   |

**ENCLOSURES (check all that apply)**

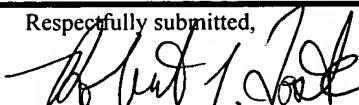
|                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                               |                                                                                                                                                                                                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><br><input checked="" type="checkbox"/> Check Attached<br><input type="checkbox"/> Copy of Fee Transmittal Form                                                                                                              | <input checked="" type="checkbox"/> Copy of Notice to File Missing Parts of Application<br><br><input type="checkbox"/> Formal Drawing(s)                                                     | <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences<br><br><input type="checkbox"/> Appeal Brief (in triplicate)                                                                                                |
| <input type="checkbox"/> Amendment/Response<br><br><input type="checkbox"/> Preliminary<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____] | <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal<br><br><input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)                                   | <input type="checkbox"/> Status Inquiry<br><br><input checked="" type="checkbox"/> Return Receipt Postcard<br><input checked="" type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8                                           |
| <input checked="" type="checkbox"/> Petition for Extension of Time                                                                                                                                                                                                                       | <input checked="" type="checkbox"/> Copy of Executed Declaration and Power of Attorney for Utility or Design Patent Application<br><br><input type="checkbox"/> Terminal Disclaimer           | <input checked="" type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8<br><br><input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below)<br><br>• Response to Notice to File Missing Parts (1 pg.) |
| <input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Form PTO-1449<br><input type="checkbox"/> Copies of IDS Citations                                                                                                                              | <input type="checkbox"/> Small Entity Statement<br><br><input type="checkbox"/> CD(s) for large table or computer program                                                                     |                                                                                                                                                                                                                                                    |
| <input type="checkbox"/> Certified Copy of Priority Document(s)                                                                                                                                                                                                                          | <input type="checkbox"/> Amendment After Allowance<br><br><input type="checkbox"/> Request for Certificate of Correction<br><input type="checkbox"/> Certificate of Correction (in duplicate) |                                                                                                                                                                                                                                                    |
| <input type="checkbox"/> Sequence Listing submission<br><input type="checkbox"/> Paper Copy/CD<br><input type="checkbox"/> Computer Readable Copy<br><input type="checkbox"/> Statement verifying identity of above                                                                      |                                                                                                                                                                                               |                                                                                                                                                                                                                                                    |

**CORRESPONDENCE ADDRESS**

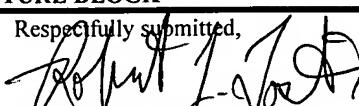
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**SIGNATURE BLOCK**

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|                                                                   |  |                           |                  |
|-------------------------------------------------------------------|--|---------------------------|------------------|
| <b>FEES TRANSMITTAL</b><br><b>OCT 25 2004</b><br><b>SCFY 2005</b> |  | <i>Complete if Known</i>  |                  |
|                                                                   |  | Application Serial Number | 10/848,824       |
|                                                                   |  | Filing Date               | May 19, 2004     |
|                                                                   |  | First Named Inventor      | Kranz            |
|                                                                   |  | Group Art Unit            | 2873             |
|                                                                   |  | Examiner Name             | Not yet assigned |
|                                                                   |  | Attorney Docket No.       | BKE-011          |

| METHOD OF PAYMENT                                                                                                                                                                                                                                                                                                                                                                                           |                                 | FEE CALCULATION (continued)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |          |                       |                       |                 |          |     |    |                                     |        |    |    |                                                        |  |     |     |                           |  |       |       |                                    |  |     |    |                                        |        |     |     |                                         |  |     |     |                                        |  |      |     |                                         |  |      |      |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |     |    |                                   |  |                     |  |  |  |  |                     |  |  |  |  |
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| 1. <input checked="" type="checkbox"/> Payment Enclosed:<br><input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other                                                                                                                                                                                                                                   |                                 | 3. ADDITIONAL FEES<br><table border="1"> <thead> <tr> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>130</td><td>65</td><td>Surcharge - late filing fee or oath</td><td>130.00</td></tr> <tr><td>50</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>130</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>2,520</td><td>2,520</td><td>Request for ex parte reexamination</td><td></td></tr> <tr><td>110</td><td>55</td><td>Extension for reply within first month</td><td>110.00</td></tr> <tr><td>430</td><td>215</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>980</td><td>490</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1530</td><td>765</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>2080</td><td>1040</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>340</td><td>170</td><td>Notice of Appeal</td><td></td></tr> <tr><td>340</td><td>170</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>340</td><td>170</td><td>Request for oral hearing</td><td></td></tr> <tr><td>130</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>180</td><td>180</td><td>Submission of Information Disclosure Statement</td><td></td></tr> <tr><td>790</td><td>395</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>790</td><td>395</td><td>For each additional invention to be examined (37 CFR 1.129(b))</td><td></td></tr> <tr><td>100</td><td>100</td><td>Certificate of Correction for applicant's error</td><td></td></tr> <tr><td>110</td><td>55</td><td>Submission of Terminal Disclaimer</td><td></td></tr> <tr><td colspan="2">Other fee (Specify)</td><td colspan="2"></td><td></td></tr> <tr><td colspan="2">Other fee (Specify)</td><td colspan="2"></td><td></td></tr> </tbody> </table> |              |          | Large Entity Fee (\$) | Small Entity Fee (\$) | Fee Description | Fee Paid | 130 | 65 | Surcharge - late filing fee or oath | 130.00 | 50 | 25 | Surcharge - late provisional filing fee or cover sheet |  | 130 | 130 | Non-English specification |  | 2,520 | 2,520 | Request for ex parte reexamination |  | 110 | 55 | Extension for reply within first month | 110.00 | 430 | 215 | Extension for reply within second month |  | 980 | 490 | Extension for reply within third month |  | 1530 | 765 | Extension for reply within fourth month |  | 2080 | 1040 | Extension for reply within fifth month |  | 340 | 170 | Notice of Appeal |  | 340 | 170 | Filing a brief in support of an appeal |  | 340 | 170 | Request for oral hearing |  | 130 | 130 | Petitions to the Commissioner |  | 180 | 180 | Submission of Information Disclosure Statement |  | 790 | 395 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 790 | 395 | For each additional invention to be examined (37 CFR 1.129(b)) |  | 100 | 100 | Certificate of Correction for applicant's error |  | 110 | 55 | Submission of Terminal Disclaimer |  | Other fee (Specify) |  |  |  |  | Other fee (Specify) |  |  |  |  |
| Large Entity Fee (\$)                                                                                                                                                                                                                                                                                                                                                                                       | Small Entity Fee (\$)           | Fee Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Fee Paid     |          |                       |                       |                 |          |     |    |                                     |        |    |    |                                                        |  |     |     |                           |  |       |       |                                    |  |     |    |                                        |        |     |     |                                         |  |     |     |                                        |  |      |     |                                         |  |      |      |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |     |    |                                   |  |                     |  |  |  |  |                     |  |  |  |  |
| 130                                                                                                                                                                                                                                                                                                                                                                                                         | 65                              | Surcharge - late filing fee or oath                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 130.00       |          |                       |                       |                 |          |     |    |                                     |        |    |    |                                                        |  |     |     |                           |  |       |       |                                    |  |     |    |                                        |        |     |     |                                         |  |     |     |                                        |  |      |     |                                         |  |      |      |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |     |    |                                   |  |                     |  |  |  |  |                     |  |  |  |  |
| 50                                                                                                                                                                                                                                                                                                                                                                                                          | 25                              | Surcharge - late provisional filing fee or cover sheet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |          |                       |                       |                 |          |     |    |                                     |        |    |    |                                                        |  |     |     |                           |  |       |       |                                    |  |     |    |                                        |        |     |     |                                         |  |     |     |                                        |  |      |     |                                         |  |      |      |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |     |    |                                   |  |                     |  |  |  |  |                     |  |  |  |  |
| 130                                                                                                                                                                                                                                                                                                                                                                                                         | 130                             | Non-English specification                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |          |                       |                       |                 |          |     |    |                                     |        |    |    |                                                        |  |     |     |                           |  |       |       |                                    |  |     |    |                                        |        |     |     |                                         |  |     |     |                                        |  |      |     |                                         |  |      |      |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |     |    |                                   |  |                     |  |  |  |  |                     |  |  |  |  |
| 2,520                                                                                                                                                                                                                                                                                                                                                                                                       | 2,520                           | Request for ex parte reexamination                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |          |                       |                       |                 |          |     |    |                                     |        |    |    |                                                        |  |     |     |                           |  |       |       |                                    |  |     |    |                                        |        |     |     |                                         |  |     |     |                                        |  |      |     |                                         |  |      |      |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |     |    |                                   |  |                     |  |  |  |  |                     |  |  |  |  |
| 110                                                                                                                                                                                                                                                                                                                                                                                                         | 55                              | Extension for reply within first month                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 110.00       |          |                       |                       |                 |          |     |    |                                     |        |    |    |                                                        |  |     |     |                           |  |       |       |                                    |  |     |    |                                        |        |     |     |                                         |  |     |     |                                        |  |      |     |                                         |  |      |      |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |     |    |                                   |  |                     |  |  |  |  |                     |  |  |  |  |
| 430                                                                                                                                                                                                                                                                                                                                                                                                         | 215                             | Extension for reply within second month                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |          |                       |                       |                 |          |     |    |                                     |        |    |    |                                                        |  |     |     |                           |  |       |       |                                    |  |     |    |                                        |        |     |     |                                         |  |     |     |                                        |  |      |     |                                         |  |      |      |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |     |    |                                   |  |                     |  |  |  |  |                     |  |  |  |  |
| 980                                                                                                                                                                                                                                                                                                                                                                                                         | 490                             | Extension for reply within third month                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |          |                       |                       |                 |          |     |    |                                     |        |    |    |                                                        |  |     |     |                           |  |       |       |                                    |  |     |    |                                        |        |     |     |                                         |  |     |     |                                        |  |      |     |                                         |  |      |      |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |     |    |                                   |  |                     |  |  |  |  |                     |  |  |  |  |
| 1530                                                                                                                                                                                                                                                                                                                                                                                                        | 765                             | Extension for reply within fourth month                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |          |                       |                       |                 |          |     |    |                                     |        |    |    |                                                        |  |     |     |                           |  |       |       |                                    |  |     |    |                                        |        |     |     |                                         |  |     |     |                                        |  |      |     |                                         |  |      |      |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |     |    |                                   |  |                     |  |  |  |  |                     |  |  |  |  |
| 2080                                                                                                                                                                                                                                                                                                                                                                                                        | 1040                            | Extension for reply within fifth month                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |          |                       |                       |                 |          |     |    |                                     |        |    |    |                                                        |  |     |     |                           |  |       |       |                                    |  |     |    |                                        |        |     |     |                                         |  |     |     |                                        |  |      |     |                                         |  |      |      |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |     |    |                                   |  |                     |  |  |  |  |                     |  |  |  |  |
| 340                                                                                                                                                                                                                                                                                                                                                                                                         | 170                             | Notice of Appeal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |              |          |                       |                       |                 |          |     |    |                                     |        |    |    |                                                        |  |     |     |                           |  |       |       |                                    |  |     |    |                                        |        |     |     |                                         |  |     |     |                                        |  |      |     |                                         |  |      |      |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |     |    |                                   |  |                     |  |  |  |  |                     |  |  |  |  |
| 340                                                                                                                                                                                                                                                                                                                                                                                                         | 170                             | Filing a brief in support of an appeal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |          |                       |                       |                 |          |     |    |                                     |        |    |    |                                                        |  |     |     |                           |  |       |       |                                    |  |     |    |                                        |        |     |     |                                         |  |     |     |                                        |  |      |     |                                         |  |      |      |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |     |    |                                   |  |                     |  |  |  |  |                     |  |  |  |  |
| 340                                                                                                                                                                                                                                                                                                                                                                                                         | 170                             | Request for oral hearing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |              |          |                       |                       |                 |          |     |    |                                     |        |    |    |                                                        |  |     |     |                           |  |       |       |                                    |  |     |    |                                        |        |     |     |                                         |  |     |     |                                        |  |      |     |                                         |  |      |      |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |     |    |                                   |  |                     |  |  |  |  |                     |  |  |  |  |
| 130                                                                                                                                                                                                                                                                                                                                                                                                         | 130                             | Petitions to the Commissioner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |          |                       |                       |                 |          |     |    |                                     |        |    |    |                                                        |  |     |     |                           |  |       |       |                                    |  |     |    |                                        |        |     |     |                                         |  |     |     |                                        |  |      |     |                                         |  |      |      |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |     |    |                                   |  |                     |  |  |  |  |                     |  |  |  |  |
| 180                                                                                                                                                                                                                                                                                                                                                                                                         | 180                             | Submission of Information Disclosure Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              |          |                       |                       |                 |          |     |    |                                     |        |    |    |                                                        |  |     |     |                           |  |       |       |                                    |  |     |    |                                        |        |     |     |                                         |  |     |     |                                        |  |      |     |                                         |  |      |      |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |     |    |                                   |  |                     |  |  |  |  |                     |  |  |  |  |
| 790                                                                                                                                                                                                                                                                                                                                                                                                         | 395                             | Filing a submission after final rejection (37 CFR 1.129(a))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |          |                       |                       |                 |          |     |    |                                     |        |    |    |                                                        |  |     |     |                           |  |       |       |                                    |  |     |    |                                        |        |     |     |                                         |  |     |     |                                        |  |      |     |                                         |  |      |      |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |     |    |                                   |  |                     |  |  |  |  |                     |  |  |  |  |
| 790                                                                                                                                                                                                                                                                                                                                                                                                         | 395                             | For each additional invention to be examined (37 CFR 1.129(b))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              |          |                       |                       |                 |          |     |    |                                     |        |    |    |                                                        |  |     |     |                           |  |       |       |                                    |  |     |    |                                        |        |     |     |                                         |  |     |     |                                        |  |      |     |                                         |  |      |      |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |     |    |                                   |  |                     |  |  |  |  |                     |  |  |  |  |
| 100                                                                                                                                                                                                                                                                                                                                                                                                         | 100                             | Certificate of Correction for applicant's error                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |          |                       |                       |                 |          |     |    |                                     |        |    |    |                                                        |  |     |     |                           |  |       |       |                                    |  |     |    |                                        |        |     |     |                                         |  |     |     |                                        |  |      |     |                                         |  |      |      |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |     |    |                                   |  |                     |  |  |  |  |                     |  |  |  |  |
| 110                                                                                                                                                                                                                                                                                                                                                                                                         | 55                              | Submission of Terminal Disclaimer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |          |                       |                       |                 |          |     |    |                                     |        |    |    |                                                        |  |     |     |                           |  |       |       |                                    |  |     |    |                                        |        |     |     |                                         |  |     |     |                                        |  |      |     |                                         |  |      |      |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |     |    |                                   |  |                     |  |  |  |  |                     |  |  |  |  |
| Other fee (Specify)                                                                                                                                                                                                                                                                                                                                                                                         |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |          |                       |                       |                 |          |     |    |                                     |        |    |    |                                                        |  |     |     |                           |  |       |       |                                    |  |     |    |                                        |        |     |     |                                         |  |     |     |                                        |  |      |     |                                         |  |      |      |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |     |    |                                   |  |                     |  |  |  |  |                     |  |  |  |  |
| Other fee (Specify)                                                                                                                                                                                                                                                                                                                                                                                         |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |          |                       |                       |                 |          |     |    |                                     |        |    |    |                                                        |  |     |     |                           |  |       |       |                                    |  |     |    |                                        |        |     |     |                                         |  |     |     |                                        |  |      |     |                                         |  |      |      |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |     |    |                                   |  |                     |  |  |  |  |                     |  |  |  |  |
| 2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531.<br><input type="checkbox"/> Required Fees (copy of this sheet enclosed).<br><input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17.<br><input checked="" type="checkbox"/> Overpayment Credit. |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |          |                       |                       |                 |          |     |    |                                     |        |    |    |                                                        |  |     |     |                           |  |       |       |                                    |  |     |    |                                        |        |     |     |                                         |  |     |     |                                        |  |      |     |                                         |  |      |      |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |     |    |                                   |  |                     |  |  |  |  |                     |  |  |  |  |
| 3. <input type="checkbox"/> Applicant claims small entity status.                                                                                                                                                                                                                                                                                                                                           |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |          |                       |                       |                 |          |     |    |                                     |        |    |    |                                                        |  |     |     |                           |  |       |       |                                    |  |     |    |                                        |        |     |     |                                         |  |     |     |                                        |  |      |     |                                         |  |      |      |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |     |    |                                   |  |                     |  |  |  |  |                     |  |  |  |  |
| FEE CALCULATION                                                                                                                                                                                                                                                                                                                                                                                             |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |          |                       |                       |                 |          |     |    |                                     |        |    |    |                                                        |  |     |     |                           |  |       |       |                                    |  |     |    |                                        |        |     |     |                                         |  |     |     |                                        |  |      |     |                                         |  |      |      |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |     |    |                                   |  |                     |  |  |  |  |                     |  |  |  |  |
| 1. FILING FEE                                                                                                                                                                                                                                                                                                                                                                                               |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |          |                       |                       |                 |          |     |    |                                     |        |    |    |                                                        |  |     |     |                           |  |       |       |                                    |  |     |    |                                        |        |     |     |                                         |  |     |     |                                        |  |      |     |                                         |  |      |      |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |     |    |                                   |  |                     |  |  |  |  |                     |  |  |  |  |
| Large Entity<br>Fee (\$)      Fee Description      Fee Paid                                                                                                                                                                                                                                                                                                                                                 |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |          |                       |                       |                 |          |     |    |                                     |        |    |    |                                                        |  |     |     |                           |  |       |       |                                    |  |     |    |                                        |        |     |     |                                         |  |     |     |                                        |  |      |     |                                         |  |      |      |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |     |    |                                   |  |                     |  |  |  |  |                     |  |  |  |  |
| 790                                                                                                                                                                                                                                                                                                                                                                                                         | Utility filing fee              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              | 790.00   |                       |                       |                 |          |     |    |                                     |        |    |    |                                                        |  |     |     |                           |  |       |       |                                    |  |     |    |                                        |        |     |     |                                         |  |     |     |                                        |  |      |     |                                         |  |      |      |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |     |    |                                   |  |                     |  |  |  |  |                     |  |  |  |  |
| 350                                                                                                                                                                                                                                                                                                                                                                                                         | Design filing fee               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |          |                       |                       |                 |          |     |    |                                     |        |    |    |                                                        |  |     |     |                           |  |       |       |                                    |  |     |    |                                        |        |     |     |                                         |  |     |     |                                        |  |      |     |                                         |  |      |      |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |     |    |                                   |  |                     |  |  |  |  |                     |  |  |  |  |
| 160                                                                                                                                                                                                                                                                                                                                                                                                         | Provisional filing fee          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |          |                       |                       |                 |          |     |    |                                     |        |    |    |                                                        |  |     |     |                           |  |       |       |                                    |  |     |    |                                        |        |     |     |                                         |  |     |     |                                        |  |      |     |                                         |  |      |      |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |     |    |                                   |  |                     |  |  |  |  |                     |  |  |  |  |
| Number Filed      Number Extra      Rate      Amount                                                                                                                                                                                                                                                                                                                                                        |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |          |                       |                       |                 |          |     |    |                                     |        |    |    |                                                        |  |     |     |                           |  |       |       |                                    |  |     |    |                                        |        |     |     |                                         |  |     |     |                                        |  |      |     |                                         |  |      |      |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |     |    |                                   |  |                     |  |  |  |  |                     |  |  |  |  |
| Total Claims                                                                                                                                                                                                                                                                                                                                                                                                | 53                              | - 20 = 33                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | x \$ 18.00 = | 594.00   |                       |                       |                 |          |     |    |                                     |        |    |    |                                                        |  |     |     |                           |  |       |       |                                    |  |     |    |                                        |        |     |     |                                         |  |     |     |                                        |  |      |     |                                         |  |      |      |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |     |    |                                   |  |                     |  |  |  |  |                     |  |  |  |  |
| Independent Claims                                                                                                                                                                                                                                                                                                                                                                                          | 3                               | - 3 = 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | x \$ 88.00 = |          |                       |                       |                 |          |     |    |                                     |        |    |    |                                                        |  |     |     |                           |  |       |       |                                    |  |     |    |                                        |        |     |     |                                         |  |     |     |                                        |  |      |     |                                         |  |      |      |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |     |    |                                   |  |                     |  |  |  |  |                     |  |  |  |  |
| <input type="checkbox"/> Multiple Dependent Claim(s), if any                                                                                                                                                                                                                                                                                                                                                |                                 | \$300.00 =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |          |                       |                       |                 |          |     |    |                                     |        |    |    |                                                        |  |     |     |                           |  |       |       |                                    |  |     |    |                                        |        |     |     |                                         |  |     |     |                                        |  |      |     |                                         |  |      |      |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |     |    |                                   |  |                     |  |  |  |  |                     |  |  |  |  |
| TOTAL: 1,384.00                                                                                                                                                                                                                                                                                                                                                                                             |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |          |                       |                       |                 |          |     |    |                                     |        |    |    |                                                        |  |     |     |                           |  |       |       |                                    |  |     |    |                                        |        |     |     |                                         |  |     |     |                                        |  |      |     |                                         |  |      |      |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |     |    |                                   |  |                     |  |  |  |  |                     |  |  |  |  |
| SMALL ENTITY DISCOUNT:                                                                                                                                                                                                                                                                                                                                                                                      |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |          |                       |                       |                 |          |     |    |                                     |        |    |    |                                                        |  |     |     |                           |  |       |       |                                    |  |     |    |                                        |        |     |     |                                         |  |     |     |                                        |  |      |     |                                         |  |      |      |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |     |    |                                   |  |                     |  |  |  |  |                     |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                             |                                 | SUBTOTAL (1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ( \$ )       | 1,384.00 |                       |                       |                 |          |     |    |                                     |        |    |    |                                                        |  |     |     |                           |  |       |       |                                    |  |     |    |                                        |        |     |     |                                         |  |     |     |                                        |  |      |     |                                         |  |      |      |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |     |    |                                   |  |                     |  |  |  |  |                     |  |  |  |  |
| 2. AMENDMENT CLAIM FEES                                                                                                                                                                                                                                                                                                                                                                                     |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |          |                       |                       |                 |          |     |    |                                     |        |    |    |                                                        |  |     |     |                           |  |       |       |                                    |  |     |    |                                        |        |     |     |                                         |  |     |     |                                        |  |      |     |                                         |  |      |      |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |     |    |                                   |  |                     |  |  |  |  |                     |  |  |  |  |
| Claims Remaining After Amend.                                                                                                                                                                                                                                                                                                                                                                               | Highest No. Previously Paid For | Present Extra                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Rate         | Fee Paid |                       |                       |                 |          |     |    |                                     |        |    |    |                                                        |  |     |     |                           |  |       |       |                                    |  |     |    |                                        |        |     |     |                                         |  |     |     |                                        |  |      |     |                                         |  |      |      |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |     |    |                                   |  |                     |  |  |  |  |                     |  |  |  |  |
| Total                                                                                                                                                                                                                                                                                                                                                                                                       | -                               | =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | x \$ 18.00 = |          |                       |                       |                 |          |     |    |                                     |        |    |    |                                                        |  |     |     |                           |  |       |       |                                    |  |     |    |                                        |        |     |     |                                         |  |     |     |                                        |  |      |     |                                         |  |      |      |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |     |    |                                   |  |                     |  |  |  |  |                     |  |  |  |  |
| Indep.                                                                                                                                                                                                                                                                                                                                                                                                      | -                               | =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | x \$ 88.00 = |          |                       |                       |                 |          |     |    |                                     |        |    |    |                                                        |  |     |     |                           |  |       |       |                                    |  |     |    |                                        |        |     |     |                                         |  |     |     |                                        |  |      |     |                                         |  |      |      |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |     |    |                                   |  |                     |  |  |  |  |                     |  |  |  |  |
| <input type="checkbox"/> First Presentation of Multiple Dep. Claim                                                                                                                                                                                                                                                                                                                                          |                                 | + \$300.00 =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |          |                       |                       |                 |          |     |    |                                     |        |    |    |                                                        |  |     |     |                           |  |       |       |                                    |  |     |    |                                        |        |     |     |                                         |  |     |     |                                        |  |      |     |                                         |  |      |      |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |     |    |                                   |  |                     |  |  |  |  |                     |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                             |                                 | TOTAL: ( \$ )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |          |                       |                       |                 |          |     |    |                                     |        |    |    |                                                        |  |     |     |                           |  |       |       |                                    |  |     |    |                                        |        |     |     |                                         |  |     |     |                                        |  |      |     |                                         |  |      |      |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |     |    |                                   |  |                     |  |  |  |  |                     |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                             |                                 | SUBTOTAL (1) ( \$ )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |          |                       |                       |                 |          |     |    |                                     |        |    |    |                                                        |  |     |     |                           |  |       |       |                                    |  |     |    |                                        |        |     |     |                                         |  |     |     |                                        |  |      |     |                                         |  |      |      |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |     |    |                                   |  |                     |  |  |  |  |                     |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                             |                                 | SUBTOTAL (2) ( \$ ) 0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |              |          |                       |                       |                 |          |     |    |                                     |        |    |    |                                                        |  |     |     |                           |  |       |       |                                    |  |     |    |                                        |        |     |     |                                         |  |     |     |                                        |  |      |     |                                         |  |      |      |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |     |    |                                   |  |                     |  |  |  |  |                     |  |  |  |  |
| SUBTOTAL (3) ( \$ ) 240.00                                                                                                                                                                                                                                                                                                                                                                                  |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |          |                       |                       |                 |          |     |    |                                     |        |    |    |                                                        |  |     |     |                           |  |       |       |                                    |  |     |    |                                        |        |     |     |                                         |  |     |     |                                        |  |      |     |                                         |  |      |      |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |     |    |                                   |  |                     |  |  |  |  |                     |  |  |  |  |
| SUBTOTAL (1) ( \$ ) 1,384.00                                                                                                                                                                                                                                                                                                                                                                                |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |          |                       |                       |                 |          |     |    |                                     |        |    |    |                                                        |  |     |     |                           |  |       |       |                                    |  |     |    |                                        |        |     |     |                                         |  |     |     |                                        |  |      |     |                                         |  |      |      |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |     |    |                                   |  |                     |  |  |  |  |                     |  |  |  |  |
| SUBTOTAL (2) ( \$ ) 0.00                                                                                                                                                                                                                                                                                                                                                                                    |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |          |                       |                       |                 |          |     |    |                                     |        |    |    |                                                        |  |     |     |                           |  |       |       |                                    |  |     |    |                                        |        |     |     |                                         |  |     |     |                                        |  |      |     |                                         |  |      |      |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |     |    |                                   |  |                     |  |  |  |  |                     |  |  |  |  |
| SUBTOTAL (3) ( \$ ) 240.00                                                                                                                                                                                                                                                                                                                                                                                  |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |          |                       |                       |                 |          |     |    |                                     |        |    |    |                                                        |  |     |     |                           |  |       |       |                                    |  |     |    |                                        |        |     |     |                                         |  |     |     |                                        |  |      |     |                                         |  |      |      |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |     |    |                                   |  |                     |  |  |  |  |                     |  |  |  |  |
| TOTAL ( \$ ) 1,624.00                                                                                                                                                                                                                                                                                                                                                                                       |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |          |                       |                       |                 |          |     |    |                                     |        |    |    |                                                        |  |     |     |                           |  |       |       |                                    |  |     |    |                                        |        |     |     |                                         |  |     |     |                                        |  |      |     |                                         |  |      |      |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |     |    |                                   |  |                     |  |  |  |  |                     |  |  |  |  |
| CORRESPONDENCE ADDRESS                                                                                                                                                                                                                                                                                                                                                                                      |                                 | SIGNATURE BLOCK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |          |                       |                       |                 |          |     |    |                                     |        |    |    |                                                        |  |     |     |                           |  |       |       |                                    |  |     |    |                                        |        |     |     |                                         |  |     |     |                                        |  |      |     |                                         |  |      |      |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |     |    |                                   |  |                     |  |  |  |  |                     |  |  |  |  |
| Direct all correspondence to:<br>Patent Administrator<br>Testa, Hurwitz & Thibeault, LLP<br>High Street Tower-125 High Street<br>Boston, MA 02110<br>Tel. No.: (617) 248-7000<br>Fax No.: (617) 248-7100                                                                                                                                                                                                    |                                 | Respectfully submitted,<br><br>Robert J. Tosti, Esq.<br>Attorney for the Applicants<br>Testa, Hurwitz & Thibeault, LLP<br>High Street Tower-125 High Street<br>Boston, MA 02110                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |          |                       |                       |                 |          |     |    |                                     |        |    |    |                                                        |  |     |     |                           |  |       |       |                                    |  |     |    |                                        |        |     |     |                                         |  |     |     |                                        |  |      |     |                                         |  |      |      |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |     |     |                                                 |  |     |    |                                   |  |                     |  |  |  |  |                     |  |  |  |  |



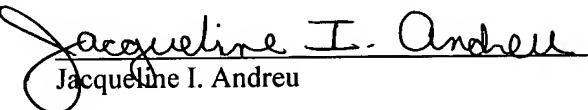
PATENT  
Attorney Docket No. BKE-011  
(7991/13)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S): Kranz et al. CONFIRMATION NO. 4777  
SERIAL NO.: 10/848,824 GROUP NO.: 2873  
FILING DATE: May 19, 2004 EXAMINER: Not yet assigned  
TITLE: HEAD MOUNTED EYE TRACKING AND DISPLAY SYSTEM

**CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8**

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to the Mail Stop Missing Parts, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 21st day of October, 2004.

  
Jacqueline I. Andreu

Mail Stop Missing Parts  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Submitted herewith are:

- 1) Transmittal Form (1 pg.);
- 2) Fee Transmittal Form (1 pg.);
- 3) Check in the amount of \$1,624.00 (\$790.00 for Utility Patent Application filing fee, \$130.00 for late filing fee or oath declaration surcharge, \$594.00 for additional claim fees, and \$110.00 for one month extension);
- 4) Copy of Notice to File Missing Parts (2 pgs.);
- 5) Response to Notice to File Missing Parts (1 pg.);
- 6) Petition for Extension of Time under 37 CFR 1.136(a) (1 pg.);
- 7) Copy of executed Declaration and Power of Attorney for Utility or Design Patent Application (3 pgs.); and
- 8) and Return-receipt postcard.

3133442\_1



# UNITED STATES PATENT AND TRADEMARK OFFICE

IFW \$

UNITED STATES DEPARTMENT OF COMMERCE  
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Alexandria, Virginia 22313-1450  
[www.uspto.gov](http://www.uspto.gov)

| APPLICATION NUMBER | FILING OR 371 (c) DATE | FIRST NAMED APPLICANT | ATTORNEY DOCKET NUMBER |
|--------------------|------------------------|-----------------------|------------------------|
| 10/848,824         | 05/19/2004             | Yaron Kranz           | BKE-011                |

021323  
TESTA, HURWITZ & THIBEAULT, LLP  
HIGH STREET TOWER  
125 HIGH STREET  
BOSTON, MA 02110

**CONFIRMATION NO. 4777**

**FORMALITIES LETTER**



\*OC000000013286676\*

Date Mailed: 07/21/2004

## NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

*Filing Date Granted*

**Items Required To Avoid Abandonment:**

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The statutory basic filing fee is missing.  
*Applicant must submit \$ 770 to complete the basic filing fee for a non-small entity. If appropriate, applicant may make a written assertion of entitlement to small entity status and pay the small entity filing fee (37 CFR 1.27).*
- The oath or declaration is missing.  
*A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.*
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$130 for a non-small entity, must be submitted with the missing items identified in this letter.

The applicant needs to satisfy supplemental fees problems indicated below.

The required item(s) identified below must be timely submitted to avoid abandonment:

- Additional claim fees of **\$594** as a non-small entity, including any required multiple dependent claim fee, are required. Applicant must submit the additional claim fees or cancel the additional claims for which fees are due.

**SUMMARY OF FEES DUE:**

Total additional fee(s) required for this application is **\$1494** for a Large Entity

II 10/26/2004 DEMMANU1 00000026 10848824

- |                                                    |            |           |
|----------------------------------------------------|------------|-----------|
| • <b>\$770</b> Statutory basic filing fee.         | 01 FC:1001 | 790.00 OP |
| • <b>\$130</b> Late oath or declaration Surcharge. | 02 FC:1051 | 130.00 OP |
|                                                    | 03 FC:1202 | 594.00 OP |

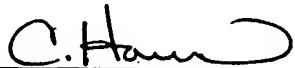
- Total additional claim fee(s) for this application is \$594

- \$594 for 33 total claims over 20.

Replies should be mailed to: Mail Stop Missing Parts  
Commissioner for Patents  
P.O. Box 1450  
Alexandria VA 22313-1450

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*A copy of this notice MUST be returned with the reply.*



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Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE